

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

Continuing Education Program Application & Approval Form

All C.E. program providers must comply with Board Rules 100-5-.02 and 100-5-.04 which can be viewed on our website at www.sos.statega.us/plb/chiropractic.

To assure attendance, the Board requests that certificates be distributed at the conclusion of the program.

Sponsoring Group:

Program Title:

Date of Program: ____/____/____

Program Site:

Intended Audience:

Attach a sheet listing the Goals/Behavioral Objectives.

Program - Attach promotional material and/or Program Outline and short vitae for speakers.

Method of Instruction:

Evaluation Method: (Attach copy of instrument used)

Person completing this form: _____
Address: _____

Phone Number: () _____ - _____ E-Mail: _____

Hrs. Requested: _____ (Application must provide a time frame for the hours of program)

TO BE COMPLETED BY THE GEORGIA BOARD OF CHIROPRACTIC EXAMINERS:

Date Received: ____/____/____ Hrs. Approved: _____

Approved _____ Disapproved _____ Date: ____/____/____

Approved by: _____ Program #: _____

Comments:

Georgia Board of Chiropractic Examiners

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Phone: (478) 207-2440 Fax: (478) 207-1699